

DSHS Mental Health Services for Children Overview

An Informational Resource

The following information is intended to increase cross-system communication and understanding regarding recent legislative changes aimed at increasing access to mental health services for children age 18 and younger.

How does the Health and Recovery Services Administration (HRSA) currently cover children's outpatient mental health services?

The Department of Social and Health Services (DSHS) oversees the provision of medically necessary outpatient mental health services available to citizens of Washington State through:

- ✓ **Contracts with Regional Support Networks (RSNs)** which are under contract with HRSA's Mental Health Division for individuals whose condition meets the RSN Access to Care Standards,
- ✓ **Contracts with Managed Care Organizations (MCOs)** which are under contract with HRSA's Division of Health Care Services' Healthy Options program for individuals enrolled with an MCO whose condition does not meet the RSN Access to Care Standards, or
- ✓ **Individual Core Provider Agreements** with professionals who will accept payment on a **fee-for-service (FFS)** basis for individuals not enrolled with an MCO whose condition does not meet the access to care standards.

Regional Support Networks

RSN Crisis Services:

Crisis mental health services are provided upon request, 24-hours a day, 7 days a week and are available to anyone who needs them regardless of ability to pay. All RSN's publish a toll free crisis number in local phone books.

To find numbers for crisis intervention services, visit DSHS on-line at:

<http://www1.dshs.wa.gov/Mentalhealth/crisis.shtml>

RSN Access to Care Standards:

In addition to providing crisis intervention services and community inpatient services, the RSNs also manage the public mental health services that are delivered by Mental Health Division (MHD) licensed and RSN contracted community mental health agencies to individuals who are Medicaid or SCHIP eligible who also meet the Access to Care Standards (ACS). Some medically necessary services may be provided to indigent clients who meet the ACS, however this is determined at the local level as resources allow. The ACS are established by the department and are approved by the Centers for Medicare and Medicaid Services (CMS).

To meet the ACS for children and youth, the following conditions must be true:

1. The child or youth is determined to have a mental illness that is listed as a covered diagnosis found in the ACS under “Covered Childhood Disorders”,
2. The impaired level of functioning and corresponding need(s) identified must be as a result of mental illness,
3. The intervention is deemed reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a mental illness,
4. The child or youth is expected to benefit from the intervention, and
5. The unmet need(s) of the child or youth cannot be more appropriately met by any other formal or informal system or support.

To learn more about the ACS, visit DSHS on-line at:

<http://www1.dshs.wa.gov/Mentalhealth/publications.shtml>

Comment [Steph1]: When you click this link it takes you to “publications” Is there a specific title they should look for? I can link it directly to that.

Note: If you are treating or evaluating a child or youth who appears to meet the ACS, contact the local RSN to make a referral for an intake evaluation.

RSN Intake Services:

RSNs ensure an intake evaluation is made available within 10 business days of the request unless one has been provided in the last 12 months that establishes Medical necessity based upon the Access to Care Standards. This is true no matter how the request for services is made.

Requests for RSN services may be made to an RSN or an RSN contracted provider and may be made through:

- A telephone call,
- Arriving in person ,
- A written request from an individual or their identified family/support system, or
- Through a written EPSDT referral.

Unless the individual requests a later appointment date or the scheduled clinician is unexpectedly unavailable, the individual will be seen by their assigned provider within 28 days of their intake assessment.

To find the appropriate RSN and contact information, visit DSHS on-line at:

<http://www1.dshs.wa.gov/Mentalhealth/rsnmap.shtml>.

Managed Care Organizations

Managed Care Organization Services:

The MCOs ensure the provision of medically necessary healthcare services to individuals who are Medicaid and SCHIP eligible, enrolled in the Healthy Options program, and assigned to the MCO.

Healthcare services covered through the MCOs include a mental health benefit. For children and youth age 18 years and younger, the following benefit limitation exists:

- ✓ Maximum number of treatment hours covered in a calendar year is 12
- ✓ The 12 hours of treatment are only available to individuals whose condition does not meet the RSN Access to Care Standards

To obtain more information about Healthy Options, visit DSHS on line at:

<http://fortress.wa.gov/dshs/maa/HealthyOptions/>

Fee-For-Service

If an individual is Medicaid eligible and is not receiving services through the RSN and is not enrolled with a Healthy Options plan, contact DSHS by calling **1-800-562-3022 (TTY: 1-800-848-5429)** to find a mental health provider who will accept payment from DSHS to provide mental health services on a “fee-for-service” basis.

Healthcare services covered by DSHS as fee-for-service include a mental health benefit. For children and youth age 18 years and younger, the following benefit limitations exist:

- ✓ Maximum number of hours covered in a calendar year is 12
- ✓ The only provider type who may bill DSHS for these services is a psychiatrist.

What’s changing with children’s mental health services?

Second Substitute House Bill 1088, Section 11 directs DSHS to make two changes to the outpatient mental health benefit provided to children age 18 and younger through the Healthy Options program or fee-for-service.

For dates of service on and after July 1, 2008:

- ✓ The number of outpatient mental health treatment hours including evaluation that may be paid in a calendar year is increased from 12 to 20, and

- ✓ The type of provider who may bill for these services, previously limited to psychiatrists, is expanded to include the following:
 - Licensed Psychologists
 - Licensed Psychiatric Advanced Registered Nurse Practitioners
 - Licensed Independent Clinical Social Workers
 - Licensed Advanced Social Workers
 - Licensed Marriage and Family Therapists
 - Licensed Mental Health Counselors

How do these changes affect the RSNs, MCOs, FFS, and Providers?

- ✓ **RSNs:** Related to these changes, no contract amendments are expected for the RSN services.
- ✓ **MCOs:** Contracts between DSHS/MCOs will be amended to reflect the increased number of hours allowed from 12 up to 20.
- ✓ **FFS:** Billing instructions and WAC will be changed to reflect the increased number of hours allowed from 12 up to 20 and to expand the types of providers who may render these services.
- ✓ **Providers:** Opportunity exists for Licensed Mental Health professionals to become contracted providers with DSHS to begin providing FFS outpatient mental health services to children age 18 and younger.

To be eligible to provide and bill FFS for these services, mental health professionals must:

- ✓ Be licensed by the Department of Health (DOH) under the appropriate licensure, be in good standing with DOH, and be without DOH restriction, and
- ✓ Have a minimum of two years experience in the diagnosis and treatment of children, youth and their families. At least one of these years must be under the supervision of a mental health professional trained in child and family mental health.

Note: A licensed psychiatrist may provide services and bill DSHS FFS without meeting this minimum experience requirement.

In order to bill FFS, providers who do not have a Core Provider Agreement with DSHS for the provision of mental health services to children must:

- ✓ Obtain a National Provider Identifier from the federal government
- ✓ Complete a Core Provider Agreement with DSHS

- ✓ Write and sign a letter attesting to experience in providing mental health services to children, youth and their families as described above (the letter does not need to be notarized)
- ✓ Send all of these to:

Provider Enrollment
Division of Eligibility & Services Administration
PO Box 45562
Olympia, WA 98504-5562

For more information, contact Provider Enrollment at
<http://fortress.wa.gov/dshs/maa/providerenroll>
or call (800)-562-3022 option 2 then 5.

What do providers need to know and do?

- ✓ **Be aware under which contract or agreement the services are being provided (e.g. RSN, MCO, or individual Core Provider Agreement).**

Expectation: Ensure program-specific billing and documentation requirements are met.

- ✓ **Be knowledgeable of ACS.**

Expectation: Refer persons who appear to meet eligibility requirements and ACS to the appropriate RSN.

What information is coming next?

RSNs/ MCOs/ Providers:

HRSA is issuing numbered memorandums and billing instructions specific to these services prior to the implementation date of July 1, 2008.

To learn more about billing instructions for DSHS services, visit DSHS on line at:

<http://fortress.wa.gov/dshs/maa/Download/BI.html>

DSHS clients:

DSHS clients who receive medical coverage from DSHS will receive with the July mailing of their DSHS medical coupon, a brief flier announcing the benefit changes.